

# Promoting Specialty Care for Lyme Disease: Lessons Learned

Carol Hall-Walker, MPA, Carla Lundquist, BS, and Helen McCarthy PhD

**LYME DISEASE (LD)** is currently the most frequently reported vector-borne illness in the United States. Lyme Disease is endemic in Rhode Island, (Figure 1) and it is a significant cause of morbidity. From 1994 through 2003 the Rhode Island Department of Health (HEALTH) reported a total of 5,900 LD cases to the Centers for Disease Control (CDC). In 2003, the last year for which data are available, Rhode Island ranked number one for the reported number of cases of LD per 100,000 population.<sup>1</sup>

In November 2004, a clinic specializing in the evaluation, diagnosis, and treatment of LD opened at Rhode Island Hospital (RIH). The LD Clinic ("the Clinic") accepts adult patients only, and they must be referred from other health care providers. (Pediatric LD patients are seen in another setting.)

In the spring of 2005, HEALTH and RIH collaborated to conduct an educational campaign to introduce and promote the services of the Clinic among rural primary care physicians. (LD is more common in rural settings than in urban settings.)<sup>2</sup>

The goals of the intervention were threefold: 1/ Inform primary care physicians serving rural communities about the Clinic and its services; 2/ Increase diagnosis and treatment of LD by encouraging referrals to the Clinic; 3/ Distribute easy-to-use patient education materials.

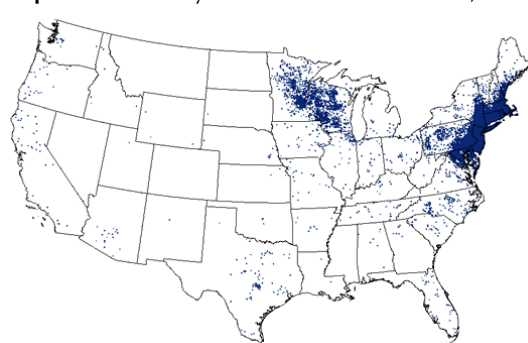
## INTERVENTION DESIGN

Information about the Clinic was posted to HEALTH's web site and RIH's web site in November, 2004, just after the Clinic first opened.

In May 2005, anticipating increased LD activity in the summer months, a mailing was sent to 375 internists, family practitioners, pediatricians, and Ob/Gyns serving non-metropolitan areas of the State. The mailing included a letter describing the Clinic and an up-coming LD grand rounds, an 8.5" x 11" color poster on the Clinic, and patient referral cards.

The mailing was repeated in October 2005, following publication of an LD article in a statewide newspaper. The second mailing contained new information about a pediatric LD service at RIH. Posters and referral cards had been modified to include the telephone number of RIH's "Health Connection," a phone triage service. A newly developed flyer with "Frequently Asked Questions about LD" was also included in the mailing.

**Figure 1**  
Reported Cases of Lyme Disease — United States, 2004



1 dot placed randomly within county of residence for each reported case.

## EVALUATION

To assess the success of the two mailings, the Health Connection logged calls to the Clinic, and staff of the Clinic assessed the appropriateness of the inquiries. Also, the 375 physicians who had been sent the mailings were sent a short mail-back evaluation.

## RESULTS

Of the 375 surveys sent, 135 responses were returned. Eighty-eight percent of the respondents remembered the mailings, and 83% reported increased awareness as a result. About half of those who received the poster displayed it in a patient area. Almost a third of the respondents who diagnosed an LD patient after the first mailing made a referral to the Clinic. Additional materials targeting children, teens, and pregnant women were suggested.

Respondents were also asked how they prefer to be notified about new patient education materials from HEALTH, and what formats they found most useful for patient education. Most (76%) prefer to be notified through mailings, 15% prefer to be faxed, and 6% prefer on-line information. The vast majority (82%) prefers ready-to-use printed materials, 11% prefer on-line resources, and 7% prefer CD ROMs.

The Clinic noted an increase in telephone inquiries after the first mailing, but was unable to assess the relative contribution of the mailing to this phenomenon. Referrals from providers accounted for about two-thirds of the calls. Requests for second opinions or for information accounted for the remaining third.

## DISCUSSION

Physicians practicing in rural areas were targeted to receive information on a new Clinic and LD information for patients. Most proved to be comfortable treating LD, and did not use the new referral service, but a third did. About half used LD posters in their offices.

In future, we may target physicians practicing in metropolitan areas where the lower incidence of LD may increase the desirability of a Clinic.

## REFERENCES

1. CDC MMWR. Lyme Disease—United States, 2001—2002. May 7, 2004/53(17); 365-369.
2. American Academy of Pediatrics, Committee on Infectious Diseases. Prevention of Lyme Disease. Pediatrics Vol. 105 No 1 January 2000; 142-148.

Materials included in the mailing and the evaluation form can be viewed at: <http://www.health.ri.gov/disease/communicable/lyme/rihclinic-resources.php>

*Carol Hall-Walker, MPA is Program Manager, Center for Health Communications, Rhode Island Department of Health.*

*Carla Lundquist, BS is Coordinator, Rural Health Program, Rhode Island Department of Health.*

*Helen McCarthy, PhD is Communications Specialist, Center for Epidemiology, Rhode Island Department of Health.*